

Epic Live Order Agreement

Name: Mitsuka	Email: akira.m	itsuka@stormwindlive.com		Phone: _				
Order Info								
Order Number: 00068292	Order Date:	07/23/2021	Quote Exp. I	Date: 07/	30/2021			
Access Term: 12	Order Type:	New Business	Access	s Date: 07	7/16/2021			
Account Name: Northwest Tri County Intermediate Unit 5 Contact Name: Paul Leach								
Phone: (814) 734-5610 Account ID 0018000001HY3AcAAL Email: leachp@wcsdpa.org								
Shipping Info								
Shipping Name: Paul Leach Shipping Email: leachp@wcsdpa.org								
Shipping Address: 252 Waterford St								
City: Edinboro	State:	Pennsylvania		Zip:	16412-2315			
Billing Info								
Billing Name: Paul Leach		Billing Email: leac	hp@wcsdp	a.org				
Billing Address: 252 Waterford St		<u> </u>						
City: Edinboro	State:	Pennsylvania		Zip:	16412-2315			
Product		Product Code	Qnty S	Sales Price	Total Price			
Ultimate Access		AAXMO	7.00	95.00	695.00			
Notes and Special Instructions			c	Sub Total	\$ 4005.00			
Ultimate Access includes unlimited access to all current and future, live instructor led					\$ 4865.00			
and self-paced classes and all associated for 12 months. Excludes certified VMware		ctice exams and mentoring		Discount	\$			
			ן	Γotal	\$ 4865.00			



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Preferred paymer	it option:			
Purchase Orde	r (Please email a copy to	Preparer)		
Purchase Order #	:			
Credit Card				
CC#:		Exp:	CID:	
Cardholder Name	:			
Cardholder Addre	ss:			
			Zip:	
Cisco Learning	Credits			
SO#:		Expiration Date:		
Students Being	Enrolled			
Student 1 Name:			Phone:	
Title:		Email:		
Student 2 Name:			Phone:	
			-	
			Phone:	
Student 4 Name:			Phone:	
Title:		Email:		
Student 5 Name			Phone:	
Title:		Email:		
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^{*} If more than 5 students please contact Customer Service for enrollment: (480) 800-0054 or support@stormwind.com.



Epic Live Order Agreement

Terms and Conditions

Agreement & Acceptance: The person signing this StormWind Epic Live Order Agreement on behalf of Customer hereby confirms that he/she has been duly authorized by Customer to execute it and legally commit Customer to the terms set forth herein. He/she also acknowledges having read and, on behalf of Customer, agreed to the terms and conditions set forth via the link below which governs this Order Agreement.

http://www.stormwindstudios.com/privacy/

Tax ID: 26-4656059 Phone: 480.889.9966

http://www.stormwindstudios.com/terms-conditions/

Client Signature:	Date:	Title:
StormWind Manager Signature:	Date:	
StormWind Finance Signature:	Date:	
Make all checks payable to StormWind LLC		

StormWind, LLC
Dept 3602 PO Box 123602
Dallas, TX 75312-3602